

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034936

STATE FILE NUMBER

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 315

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED SEP 30 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkville		c. CITY OR TOWN Kirkville	
Length of stay in 1b Lifetime		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith		d. STREET ADDRESS 406 S. Eugene 406 S. Eugene	
3. NAME OF DECEASED (Type or print) John Thomas Fickel, Jr.		4. DATE OF DEATH Month 9 Day 23 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-25-1944
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10b. KIND OF BUSINESS OR INDUSTRY student	
11. BIRTHPLACE (City and state or country) Kirkville, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Thomas Fickel		13b. MOTHER'S MAIDEN NAME Irene Humphrey Fickel	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT J.T. Fickel, 406 S. Eugene, Kirkville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral hemorrhage DUE TO (b) Multiple skull fractures DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell from truck on pavement landing on head.	
20c. TIME OF INJURY Hour 5:00 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year Sept. 23-63	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION Millard, Mo.
21. I attended the deceased from 9-23-63 5:15 p.m. to 9-23-63 10:35 p.m. her/him alive on 9-23-63 Death occurred at 10:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. ADDRESS 112-201 E. Patterson Ave. Kirkville, Missouri	
22a. SIGNATURE P.E. Helton (Degree or title)	22b. DATE SIGNED 9-25-63	23. NAME OF CEMETERY OR CREMATORY Maple Hills Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-25-1963	23c. LOCATION (City, town, or county) Kirkville, Mo.	23d. DATE RECD. BY LOCAL REG. 9-27-63
24. FUNERAL DIRECTOR Dee Riley Funeral Home 415 N. Franklin, Kirkville, Mo. W.R. Jackson - (Licensed Embalmer's Statement on Reverse Side)		25. REGISTRAR'S SIGNATURE David W. Ratliff	

No permit issued

P. E. HILTON, M.D.

OCT 1 1963

OCT 18 1963

OCT 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.